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FROM: Gregory P. Einhorn, Reg. No. 38,440 Date: December 12, 2005

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Comments:

Attorney Docket: 322732000401
 Confirmation No.: 2837
 Group Art Unit: 1648
 Examiner: B. Li
 Serial No.: 10/028,172
 Filing Date: December 21, 2001
 Inventor(s): Yoichi TAKAHAMA et al.
 Title: DIAGNOSTIC REAGENT FOR HEPATITIS C VIRUS
 INFECTION

Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate)
3. Petition for 2 Month Extension of Time (1 page)
4. Amendment in response to non-final Office Action dated July 13, 2005 (16 pages)

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PTO/SB/21 (09-04)

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FORM

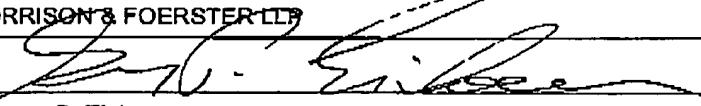
(To be used for all correspondence after initial filing)

		Application Number	10/028,172
		Filing Date	December 21, 2001
		First Named Inventor	Yoichi TAKAHAMA
		Art Unit	1648
		Examiner Name	B. Li
Total Number of Pages in This Submission	21	Attorney Docket Number	322732000401

ENCLOSURES (Check all that apply)

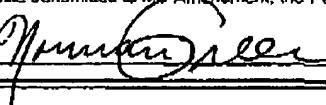
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (16 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Fax Cover Sheet (1 page)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
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Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Gregory P. Einhorn		
Date	December 12, 2005	Reg. No.	38,440

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Dated: December 12, 2005

Signature:  (Norman Green)

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PTO/SB/17 (12-04v2)

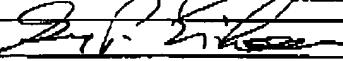
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/028,172
		Filing Date	December 21, 2001
		First Named Inventor	Yoichi TAKAHAMA
		Examiner Name	B. Li
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1648
TOTAL AMOUNT OF PAYMENT (\$)		(\$)	450.00
		Attorney Docket No.	322732000401

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Small Entity		Small Entity		Small Entity			
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)	
	Utility	300	150	500	250	200	100	_____
	Design	200	100	100	50	130	65	_____
	Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues) _____								
Each independent claim over 3 (including Reissues) _____								
Multiple dependent claims _____								
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims				
_____	- =	_____	_____	Fee (\$)	Fee Paid (\$)	Small Entity		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	Fee (\$)		
_____	- =	_____	_____	50	25	Fee (\$)		
_____	_____	_____	_____	200	100	Fee (\$)		
_____	_____	_____	_____	360	180	Fee (\$)		
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	Fee (\$)			
_____	- 100 =	/50 _____ (round up to a whole number) x	_____	_____	Fee (\$)			
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount) _____								
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00								

SUBMITTED BY	
Signature	
Name (Print/Type)	Gregory P. Einhorn
Registration No. (Attorney/Agent)	38,440
Telephone	(858) 720-5133
Date	December 12, 2005

sd-293155

PAGE 3/21 * RCVD AT 12/12/2005 8:23:41 PM [Eastern Standard Time] * SVR:USPTO-EXRF-6/24 * DNI:2738300 * CSID:8587205100 * DURATION (mm:ss):10:20

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TOTAL AMOUNT OF PAYMENT (\$ 450.00)		First Named Inventor	Yoichi TAKAHAMA
		Examiner Name	B. Li
		Art Unit	1648
		Attorney Docket No.	322732000401

METHOD OF PAYMENT (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

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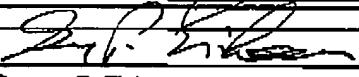
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		- 100 = /50 (round up to a whole number) x =		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

450.00

SUBMITTED BY				Registration No. (Attorney/Agent)	38,440	Telephone	(858) 720-5133
Name (Print/Type)	Gregory P. Einhorn			Date	December 12, 2005		

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